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The sigma-1 receptor as key common factor in cocaine and food seeking behaviors

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Short title

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Abstract

Addiction and eating disorders involve brain reward circuits. A previous history of binge eating predisposes to addictive behavior, while the cessation of exposure to drugs of abuse leads to reward activities, including intake of tasty foods. Cocaine use is associated with a decrease in food intake, with reversal after the drug use is stopped. Exciting new findings show that receptors for the "hunger" hormone, ghrelin, directly interact with the sigma-1 receptors (σ_1 R), which is a target of cocaine. σ_1 R are key players in regulating dopaminergic neurotransmission and ghrelin-mediated actions. This review focuses on the σ_1 receptor as general neuroendocrine regulator by directly interacting with neuronal G-protein-coupled receptors. This review also covers the early mechanisms by which cocaine binding to σ_1 blocks the food-seeking behavior triggered by ghrelin. Such new findings appear as fundamental to understand common mechanisms in drug addiction and eating disorders.

Introduction

Neuroendocrine mechanisms involving food seeking behavior involve peripheral and central players being ghrelin one of the most relevant. Ghrelin is synthesized in the stomach but its endocrine action is, among other, exerted in heart, gastrointestinal (GI) tract, pancreas and central nervous system (CNS) (Figure 1). The “hunger” ghrelin hormone mediates their actions via a specific receptor, GHS-R1a, which belongs to the family of G-protein-coupled receptors (GPCRs). Dopamine, one of the main neurotransmitters in the brain is involved in the circuits in which neuronal GHS-R1a expression occurs. Also, dopamine is central to the actions of a variety of drugs of abuse, in particular of cocaine. Despite cocaine was first used by South America tribes for endurance and appetite suppression, little was known about the underlying mechanisms. Recent results show that one atypical receptor of unknown physiological function, the sigma-1 receptor (σ_1 R), is a key piece in the puzzle constituted by interrelationships between cocaine and food seeking behaviors. First, this review covers the role of σ_1 R in cocaine addiction via regulating dopaminergic transmission mediated by GPCRs. The second part of the paper reviews recent data showing how sigma receptors regulates ghrelinergic signaling. Finally, the review presents the novel and relevant evidence linking cocaine suppression of appetite with both cocaine binding to σ_1 R and regulation via σ_1 R of the function of dopamine and ghrelin GPCRs.

Apart from acting via inhibition of dopamine transporters in neurons, cocaine is able to interact with sigma-1 and sigma-2 receptors. Not only the physiological role of the two receptors is unknown but they are structurally unrelated despite they share the same name (sigma). This review focuses on sigma-1 receptor (σ_1 R) as a mediator of the anorexigenic effect of cocaine. The receptor whose function remains a mystery displays interesting features such as i) its capacity to bind cocaine at physiologically-relevant concentrations and ii) evidence on modulating G-protein-coupled receptors (GPCRs), which in turn mediate the effects of drugs of abuse and of orexigenic hormones. Already in 1991, evidence was provided on blockade of stimulant effect of cocaine by targeting σ_1 R (Menkel *et al.* 1991). It should be noted that treatment with synthetic drugs acting on σ_2 receptors decrease some of cocaine-induced effects (Matsumoto *et al.* 2007) and that antagonist of the receptors counteract induced locomotor stimulation in cocaine-administered mice (Lever *et al.* 2014). However, the research on σ_2 receptor research is still too preliminary to allow establishing solid link between the receptor and addiction mechanisms. One of the novel aspects in the review, which is based on recent results, is the advance in understanding how cocaine consumption reduces food seeking behavior. Apparently, this is due to direct interactions with the receptor for the hunger hormone, ghrelin.

The most striking and accepted effect of cocaine in brain is an increase in inter- and extra-synaptic dopamine concentration that leads to marked activation of dopamine receptors. These and many other neuronal receptors belonging to the family of G-protein-coupled receptors use cAMP as second messenger. IUPHAR information for sigma receptors shows their atypical nature as they do not use either cAMP or any other

second messenger as calcium ions or inositol-3-phosphate. As σ_1 R are not coupled to any known signal transduction machinery IUPHAR states that “*there is only a modest pharmacological overlap and no structural convergence with the GPCRs*” (<http://www.guidetopharmacology.org/GRAC/FamilyDisplayForward?familyId=785>).

On the other hand, structurally different compounds may bind to σ_1 R receptors at topologically intracellular sites. In fact, the binding of a drug seemingly acting on opioid receptors suggested that σ_1 R receptors belonged to the opioid receptor family. The uniqueness of the receptor was first confirmed by lack of effect of opioid receptor antagonists and, secondly, by cloning and discovery of the non-GPCR structure. Solving of 3D structure (see details below) has confirmed some of the assumptions about these receptors and has provided brand new information related to atypical membrane insertion and seemingly physiological trimeric structure.

Evidence of relevant role of σ_1 R receptors on cocaine addiction

A synthetic opioid-like molecule, SKF-10,047, displays psychomimetic activity while it does not selectively bind to μ - or κ -opioid receptor. Although it was firstly assumed that the compound could bind to a novel opioid receptor (Martin *et al.* 1976), its effect was not blocked by nonselective opioid receptor antagonists (Vaupel 1983). The compound binds to a protein (σ_1 R) whose cloning showed that it does not have seven transmembrane domains (Hanner *et al.* 1996). While waiting for more precise detailed of its physiological role, the σ_1 R is considered a pluripotent modulator able to interact with different specific proteins (e.g. binding immunoglobulin protein -BiP-), cell components and/or signal transduction machineries (Su *et al.* 2016). σ_1 R may interact with receptors for a variety of hormones/neurotransmitters and modulate either/or cell surface expression and function. Research on this protein is gaining momentum due to its potential as target to combat neuropathic pain (Mei & Pasternak 2002; Corbera *et al.* 2006; Sun *et al.* 2016). Agonistic activity in the case of σ_1 R may be indirectly measured by subcellular translocation, establishment of protein-protein interactions and by regulation of ion channel activity (Wu & Bowen 2008; Kim *et al.* 2010; Navarro *et al.* 2010; Su *et al.* 2010). Indirect evidence also shows the involvement of σ_1 R in disorders such as depression (Su *et al.* 2010). Also interesting is the correlation between a mutation in the receptor and debut and progression of juvenile lateral amyotrophic sclerosis (Al-Saif *et al.* 2011; Mavlyutov *et al.* 2013). More recently, a biophysical approach assessing homomerization of σ_1 R and heteromerization of σ_1 R with BiP has allowed distinguishing molecules with differential potential on stabilizing multimerization of the receptor and/or facilitating the σ_1 R/BiP interaction (Yano *et al.* 2018). Despite the ambiguity of the words agonist/antagonist in the case of this specific receptor, the authors show that haloperidol and (+)-pentazocine have opposite effects, thus paving the way to effectively test or select molecules with “agonistic” versus opposite (“antagonistic”) action.

Solving the 3D structure (Schmidt *et al.* 2016) provided another unexpected finding as

the σ_1 R does not have, as previously hypothesized, two transmembrane domains and extracellular C- and N-terminal domains, but an extracellular N-terminal end a transmembrane α -helical domain and a C-terminal tail having a cupin-like β -barrel with a buried ligand-binding site. Crystals also show an arrangement consisting of three closely interacting σ_1 R protomers. Despite homology (relatively poor) with a fungal sterol isomerase (Cobos *et al.* 2008), no catalytic activity has been yet allocated to σ_1 R.

Due to the reports showing that the σ_1 R may interact with receptors for a variety of hormones/neurotransmitters (see below), it was tempting to speculate that the role of the receptor may be regulation of the expression and function of cell surface receptors. (Kruse 2016) has recently reviewed the intriguing features of this protein, with no structural resemblance with any other membrane receptor, occluded ligand binding site, and resemblance to a yeast enzyme, yeast sterol isomerase. Remarkably, while the physiological function remains elusive and the endogenous ligand is yet to be discovered, cocaine binds to σ_1 R, which mediate some effects of the drug (Skuzza 1999; Shull 2002; Lever *et al.* 2016). The design of drugs impeding the interaction of cocaine with σ_1 R is proposed to reduce drug-seeking behavior (Matsumoto *et al.* 2001a). Remarkably, σ_1 R-mediated cocaine actions in the central nervous system are dependent on molecular interactions with dopamine and other neuron-expressed GPCRs.

Cocaine drives many of its effects via interacting with σ_1 R

To our knowledge there are few reports addressing cocaine binding to σ_1 R. It is however relevant that compared with other drugs of abuse the cocaine interaction with σ_1 R was suspected several years ago (see (Hayashi & Su 2007) *for review*). Pioneering studies of cocaine binding to σ_1 R were performed in 2001 ((Matsumoto *et al.* 2001b). Competition assays in radioligand binding studies showed that K_i of cocaine was 2.3 in mouse and 2.9 μ M in rat brain. Values were similar in mice brain membranes (Lever *et al.* 2016) thus confirming that at “physiological” concentrations occurring after cocaine exposure the drug binds to σ_1 R. Based on their results Matsumoto *et al.*, 2003 proposed that σ_1 R were targets to combat cocaine addiction. More recently, in a detailed study (Lever *et al.* 2016) showed that cocaine administration to mice reduces the binding to σ_1 R of a radiolabeled ligand and it does so in a similar proportion in the 20 different brain regions analyzed by quantitative autoradiography. Average reduction of specific binding after i.p. administration of 100 μ mol/kg cocaine was 54%. It should be noted that the σ_1 R was expressed in all brain regions in a narrow range of 2-4 fmol/mg tissue.

A significant advance in addiction research has been provided by mechanisms of σ_1 R linkage to the MAP kinase pathway. The receptor itself or upon cocaine binding cannot convey signals that impact on such key signaling pathway. The answer for this conundrum is the role of GPCRs that are able to directly binding to σ_1 R. Then the most reasonable assumption is that cocaine binding to σ_1 R produce conformational changes to cell surface GPCRs that are in direct contact with σ_1 R. This possibility not only

affects signaling by also the overall biology of GPCRs relevant in addiction and also relevant in the control of food intake.

A first and in deep review on the role of σ_1 R in the many different sides of cocaine addiction was provided in 2002 by (Romieu *et al.* 2002). The already existing data made authors state: “ *σ_1 R is not only necessary for acquisition of the cocaine-induced conditioned place preference, but that it is also implicated in its expression, confirming that activation of the σ_1 R is induced during cocaine's early effects*”. A very recent review summarizes the main properties of σ_1 R and makes emphasis in its role as chaperone (see (Katz *et al.* 2017) and references therein). The review also presented the evidence of receptor involvement in three specific aspects of drug addiction, namely self-administration, discrimination and place-conditioning. We will here focus on the molecular mechanisms that are triggered by cocaine binding to σ_1 R, but executed by other proteins. (Katz *et al.* 2017) propose that there is a “*concomitant targeting of both dopaminergic pathways and σ R proteins*”. However, recent evidence is more consistent with a more direct effect of cocaine on dopaminergic transmission and on other signaling systems operating in neurons of reward circuits. It is quite noteworthy that (Romieu *et al.* 2002) were able to intuitively notice this possibility as they also stated in their review: “*The σ_1 R is activated consequently to dopamine reuptake blockade and is not sufficient to induce conditioned place preference (CPP) by itself. The mechanism of the σ_1 R involvement in CPP and the selectivity toward the CPP-inducing drug remains however to be determined*”. In fact, data in the last decade suggest new possibilities that have increased the knowledge of the molecular mechanisms underlying cocaine action. In what concerns dopaminergic signaling it may happen that cocaine binding to σ_1 R produces an almost direct effect on dopaminergic transmission. This is possible because σ_1 R directly interact with dopamine receptors and, accordingly, cocaine is binding to and affecting the structure and function of σ_1 /dopamine receptor complexes.

Lessons from drugs behaving as σ_1 R ligands

Pioneering studies related to the role of σ_1 R in cocaine actions, showed that NPC 16377, a compound able to bind to these receptors was protective against toxic and behavioral effects of cocaine. NPC 16377 did not show any noticeable side effect while its efficacy was quite marked; for instance, it totally prevented the development of cocaine sensitization and significantly reduced diazepam-sensitive cocaine convulsions. Its effects were quite selective as it did not behave like NMDA receptor ligands and was not efficacious against the discriminative stimulus triggered by other drugs (Witkin *et al.* 1993). Similar results were obtained using different chemical structures, i.e. compounds able to reduce cocaine-induced hyperlocomotion and convulsions, were able to bind to σ_1 R but not to receptors for neurotransmitters (McCracken *et al.* 1999; Shull 2002).

(Skusza 1999) tested different σ_1 R ligands, *inter alia* rimcazole and panamesine, on cocaine-induced locomotor activity and convulsions. Whereas panamesine was effective

in the two actions of the drug, rimcazole increased the total time of cocaine-evoked convulsions and locomotor activity. Simultaneous administration of the assayed compounds showed that the effect of a given molecule could be reverted by another one. Skuza concluded: “ σ_2R subtype is involved in psychomotor stimulant effects of cocaine while σ_1R subtype participates in the cocaine-induced convulsions”. However, (Matsumoto et al., 2001) showed that rimcazole is acting via σ_1R . Authors tested different concentrations of analogs of rimcazole for their ability to bind to the two main targets of cocaine, dopamine transporters and σ_1R . Authors were successful in showing that drugs protective against convulsion-producing concentrations of cocaine were not acting via dopamine transporter inhibition but via binding to σ_1R . Also (Romieu et al. 2000) showed that two novel σ_1R ligands, BD1063 and BD1008, significantly increased the ED₅₀ for the locomotor effects of cocaine. In a follow up study six analogues of BD1008 were tested against a variety of targets showing significant affinity for σ_1R , moderate for σ_2R and low or very low affinity for dopamine, opioid, NMDA and 5-hydroxytryptamine receptors or dopamine transporters (Matsumoto et al. 2004). The role of σ_1R was reinforced using an antisense oligodeoxynucleotide approach, which was efficacious in reducing the behavioral effects of cocaine (Matsumoto et al., 2001). Taking into account all the cumulative evidence, antagonists of σ_1R were proposed as therapeutic agents against cocaine addiction (Matsumoto et al., 2003; Matsumoto et al., 2001; Maurice and Romieu, 2004). It should be however noted that σ_1R -based therapies may not work on acute symptoms and may be better suited to address drug sensitization. Indeed, a common phenomenon displayed by all ligands tested is reduction in psychostimulant-induced sensitization, not only to cocaine but to methamphetamine (Ujike et al. 1996).

σ_1R impact on signaling pathways originating at GPCRs and also on the function of ion channels; overall these functional interactions shape the behavioral and neuroanatomical plastic actions of cocaine (Kourrich et al. 2013). One of the first relevant aspects to consider is how σ_1R may affect dopaminergic signaling. As an example, the D₁ receptor mediated signaling and dopamine-induced inositol 1,4,5-trisphosphate production has been studied in dissociated neurons of the *nucleus accumbens* (NAc). The main finding was that the calcium mobilization produced by injection of inositol 1,4,5-trisphosphate was enhanced by cocaine in a σ_1R -dependent fashion. Not only cocaine increases the effects of agonists on cAMP levels but it alters the kinetics of the MAP kinase pathway engagement. Remarkably D₁ and σ_1 receptors do interact and the cocaine effects were dependent on σ_1R , a fact that was confirmed by using σ_1R KO mice (Navarro et al. 2010).

Cocaine, dopamine, dopamine receptors and dopamine heteroreceptor complexes

Dopamine is one of the main neurotransmitters in the brain, and their actions, mediated by dopamine receptors, are relevant for *inter alia* motor control and reward circuits targeted by addicting drugs. Pioneering electrophysiological studies by (Uchimura &

North 1990) showed that intracellular recordings in neurons triggered by 5-hydroxytryptamine or by dopamine in the NAc were affected by cocaine. The drug at doses in the 1-30 μ M range affect dopamine D₁-receptor mediated hyperpolarization and D₂-receptor mediated depolarization. Cocaine was more effective, i.e. less doses were required, to alter the actions of 5-hydroxytryptamine.

In many circumstances a GPCR-containing heteroreceptor complex arises as the actual functional unit. In cocaine addiction, the engagement of σ_1 R by cocaine and the interaction of these receptors with GPCRs has led to investigate how heteromers may contribute to the behavior and motor effects of the drug. As an example, complexes formed by dopamine D₁ and histamine H₃ receptors display particular properties as the heteromer is needed for signaling to the MAP kinase pathway (Ferrada *et al.* 2009). Cocaine alters heteromer function and it does so by a σ_1 R-dependent mechanism (Moreno *et al.* 2014). These results probably reflect a macromolecular complex constituted by H₃, D₁ and σ_1 receptors whose structure and function becomes altered in the presence of cocaine. This interpretation is supported by the finding that antagonists of σ_1 R restores the homeostatic interplay between H₃ and D₁ receptors and, therefore, supports therapeutic possibilities for σ_1 R antagonists to combat drug addiction.

Cocaine affects signaling of other dopamine-receptor containing heteromers also in a σ_1 R-dependent fashion. Adenosine A_{2A} and dopamine D₂ receptor heteromers were among the first identified GPCR heteromers (Hillion *et al.* 2002); they play a relevant role in the striatum and are the target for therapeutic approaches addressed to combat Parkinson's disease. On the one hand, energy transfer studies showed that cocaine altered the structure of adenosine receptor homomers and of adenosine/dopamine receptor heteromers. On the other hand the drug affected some but not all of the signaling pathways engaged by activation of D₂ receptors (Marcellino *et al.* 2010). Taking into account available data on the molecular mechanisms of cocaine actions (Borrito-Escuela *et al.* 2016) hypothesize that the drug is significantly altering the allosteric interactions occurring in homo- and heteroreceptor complexes, especially in those containing dopamine receptors. Taking also into account receptor distribution in different brain regions and changes in receptor expression after cocaine exposure the authors suggest that anti-cocaine actions of A_{2A} agonists do not depend on heteromerization with D₂ receptors, but that cocaine self-administration courses with a loss in the brake on the D₂ receptor signaling within the A_{2A}R-D₂R receptor heteroreceptor complex in dorsal striatopallidal GABA neurons. Apart from the well-known fact that cocaine markedly enhances the extracellular levels of dopamine in several regions of the central nervous system, little is known on the mechanism underlying drug addiction. Cocaine administration to non-human primates results in brain concentration peaks appearing as soon as 5 min to go back to basal at 30 min (Bradberry *et al.* 2000). A key region for addiction behavior establishment is the NAc.

A novel technique of heteromer detection shows that cocaine self-administration increases the expression of A_{2A}/D₂ and D₂/ σ_1 R complexes in the shell of the NAc whereas decrease those constituted by D₂ and σ_1 R in the dorsal striatum (Borrito-

Escuela *et al.* 2017). Thus, self-administration likely increases in a regional selective way the expression of receptors that may establish direct interactions and have particular signaling pathways. It should be noted that σ_1 R may form heteromers with D₂ receptors but not with other D₂-like receptors such as D₃ or D₄ receptors. The drug inhibits dopaminergic signaling in the striatum of wild type mice but not in the striatum of σ_1 R KO mice. As commented below cocaine also affects D₁-receptor mediated signaling thus altering the D₁-D₂ functional balance required for proper motor control (Navarro *et al.* 2013). This σ_1 R mediated effect on striatal dopaminergic signaling is probably one of the main factors underlying locomotor actions of cocaine.

A small but significant percentage of neurons in the NAc express D₁ and D₂ dopamine receptors. There is dispute on the possibility that D₁ and D₂ may form heteroreceptor complexes in the motor control brain areas (Lee *et al.* 2004; Rashid *et al.* 2007; Perreault *et al.* 2010; George *et al.* 2014; Frederick *et al.* 2015; Rico *et al.* 2016). The most likely hypothesis is that 10-20% of neurons in the NAc express both receptors that establish heteroreceptor complexes shifting dopaminergic transmission from cAMP- to Ca²⁺-dependent signaling (Hasbi *et al.* 2009). As the increase of dopamine in this nucleus is fundamental for addiction and a significant amount of these cells express the two dopamine receptors, it is hypothesized that D₁/D₂ heteroreceptor complexes are important for establishment of cocaine seeking behavior. In line with this hypothesis, recent studies show that disruption of the heteromer has profound consequences in animals treated with cocaine. Intracerebroventricular administration of disrupting peptides, induces, sustains, accelerates and exacerbates the incentive motivational and locomotor activating effects of cocaine in a self-administration paradigm. The blocking peptides were also able to increase Δ FosB expression in the NAc. These findings suggest a model for tonic inhibition of basal and cocaine-induced reward (Perreault *et al.* 2016). Future experiments should address the question of whether σ_1 R may interact with D₁/D₂ heteroreceptors and mediate cocaine actions in neurons expressing the two dopamine receptors.

Cocaine alters mitogen activated protein kinase (MAP) pathway via GPCRs

One of the common factors in drug addiction is the involvement of the MAP kinase pathway. Many drugs of abuse and, also, natural compounds with psychoactive effects impact on the pathway. Structurally different drugs such as tetrahydrocannabinol (THC) or cocaine increase the phosphorylation of extracellular signal-regulated kinases (ERKs) in different brain regions, and pharmacological blockade of the pathway impairs conditioned place preference. Furthermore, activation of the MAP kinase pathway seems to contribute to the cerebral plastic changes induced by drugs of abuse (see (Valjent *et al.* 2004) and references therein). Activation of the MAP kinase pathway is needed for establishing an association between drug consumption and conditioned place preference (Valjent *et al.* 2006; Du *et al.* 2017). Of the two predominant ERK isoforms, ERK2 seems more directly involved in plasticity changes produced by repeated exposure to cocaine. This conclusion arises from data in ERK1 KO mice, which display

a facilitation of acquisition of cocaine conditioned place preference and of locomotor sensitization (Ferguson *et al.* 2006). Also interesting is the finding that dopamine D₁ receptor mediates cocaine-induced long-term plasticity in the NAc (Zhang *et al.* 2017). On the one hand, dopamine supersensitivity subsequent to cocaine consumption alters the homeostasis of the pathway. Although the temporal course of cocaine-induced increase of dopamine occurs mainly in ventral striatum (Kalivas 1993; Kalivas & Duffy 1993), it affects other brain regions in virtue of the volume transmission mechanism defined by (Agnati *et al.* 1986); dopamine does so probably in close but diverse regions within the reward circuits. On the other hand, whereas THC or caffeine acts by direct binding to GPCRs, a direct effect of cocaine of those receptors is unlikely. Interestingly enough, cocaine binding to σ_1 R do impact on the signal transduction mechanisms that originate at GPCRs and regulate the MAP kinase and mTOR pathways (see (Franco *et al.* 2017) and references therein). In the amygdala, which is also is affected in cocaine addiction, acute and chronic drug administration produced different patterns of immediate early gene expression by mechanisms dependent on ERK activation (Radwanska *et al.* 2005). Therefore, the MAP kinase pathway arises as a key mediator of the central actions produced in response to cocaine administration.

Orexin and ghrelin receptors

A review of the literature on orexin/hypocretin physiology and orexin receptor pharmacology made (Kukkonen and Leonard, 2014; Leonard and Kukkonen, 2014) suggest that orexigenic receptors could be therapeutic targets of food disorders and drug addiction. Such hypothesis is partly based on the fact that orexin G-protein-coupled receptor pharmacology is multifaceted ranging from activation of canonical signaling pathways to regulation of ion fluxes.

Cocaine-seeking behavior involves several mediators such as orexin-A and corticotropin-releasing factor (CRF) acting in the ventral tegmental area. Again, receptors related with cocaine effects have the possibility of forming heteromers whose function is affected by the drug. As a relevant example CRF1 (CRF1R) interact with orexin OX1 receptors and the interaction results in a negative crosstalk between orexin-A and CRF; these neuroregulators/hormones regulate dendritic dopamine release in the ventral tegmental area. But the σ_1 R also interacts with GPCR heteroreceptor complexes and cocaine binding to σ_1 R sensitizes cells to excitatory effects of CRF and orexin A; the mechanisms consists of the cross-talk between CRF1-OX1 receptors (Navarro *et al.* 2015). These results reflect an interplay between addiction, stress and, importantly, control of food intake by orexigenic factors.

Ghrelin is a peptide hormone that controls food intake and energy homeostasis (Figure 1). Its action is mediated by specific receptors that have received a variety of denominations, *inter alia* growth hormone-releasing peptide or growth hormone secretagogue receptor. Ghrelin receptors belong to the superfamily of G-protein-coupled receptors (GPCRs) and, up to date, only one type has been identified. The full length

388 amino-acid-long human ghrelin receptor containing seven transmembrane domains is known as GHS-R1a, to differentiate it from the GHS-R1b splice variant, which is 289 amino acid long and lacks the 5th and 6th transmembrane (TM) domains. These TM domains are required for coupling to heterotrimeric G proteins and, therefore, ghrelin cannot signal via GHS-R1b receptors (Mary *et al.* 2013). The truncated variant seems to serve as modulator of GHS-R1a surface expression and signaling. In fact, GHS-R1b is expressed in the same cells than GHS-R1a and both receptors interact to form heteromer receptor signaling units (Mary *et al.* 2013). It has been reported that GHS-R1b negatively influences ghrelin action by reducing surface expression of functional G-protein-coupled ghrelin receptors (Chow *et al.* 2012) and by allosteric interactions that reduce the efficacy of the hormone (Mary *et al.* 2013).

In a detailed review (Schellekens *et al.* 2013a) nicely summarize how activation of specific receptors in the brain shapes the many actions of the so-called hunger hormone. The link between ghrelin and dopaminergic transmission in reward circuits is highlighted: “*The ghrelin signaling system has recently been suggested to play a key role at the interface of homeostatic control of appetite and the hedonic aspects of food intake, as a critical role for ghrelin in dopaminergic mesolimbic circuits involved in reward signaling has emerged*”. They also point out that ghrelin receptors may establish interactions with other proteins that may shape the central effects of ghrelin (Schellekens *et al.* 2013a, b). In fact, ghrelin receptors may establish direct protein-protein interactions with a variety of GPCRs: dopamine, melanocortin, prostanoid, serotonin, somatostatin and neurotensin receptors ((Borrito-Escuela *et al.* 2014); see www.gpcr-hetnet.com and references therein). In a detailed study in which complexes formed by GHS-R1a-GHS-R1b and dopamine D₁ receptors were detected, differences in the function of ghrelin receptor signaling was found in hippocampal versus striatal neurons. In the latter D₁ receptors were involved in GHS-R1a-Gs/olf coupling. Thus, the dopamine receptor may switch from G_{i/o} to G_{s/olf} coupling but only if GHS-R1b is also expressed (Navarro *et al.* 2016). It then appears that anything affecting D₁ receptor-mediated signaling may in turn affect ghrelin actions.

Links between drug addiction and anorexic behavior

Used today as recreational drug, cocaine was first consumed by humans in the form of *Coca* leaves. Indeed, indigenous peoples of South American knew that chewing coca leaves was key for keeping their life style, especially in living within high mountains. Coca served to cope with the harsh living conditions, for instance when people had to travel long distances and cross Andean mountains with reduced weight and little food. Despite such ancient knowledge, i.e. the appetite suppressant action of cocaine consumption, the molecular basis of hunger dissipation by cocaine have remained elusive. Interestingly, years ago (Cottone *et al.* 2012) showed that antagonists of σ_1 R blocked compulsive eating behavior in rats. These early results fit nicely with those of a recent report that has provided insight into the underlying molecular mechanisms.

It has been established that addiction and eating disorders (e.g. binge eating, anorexia, bulimia) share a central control that involves reward circuits in the brain. This leads to bidirectional influences: on one hand, previous history of binge eating predisposes to the addictive behavior whereas the cessation of exposure to drugs of abuse leads to persistent proclivity towards reward-providing activities, including the intake of palatable foods. From ancient times, it has been known that the use of cocaine is associated with decreased food intake, with the inversion after the drug use is stopped. This creates a vicious circle in which the weight gain that follows the discontinuance of cocaine use secondarily causes a significant distress which can make a patient more prone to the relapse. Many uncertainties remain about the biological substrate of these changes, particularly at the level of signaling systems involved. Thus, establishing the molecular mechanisms of such complex interactions is of immense biological and medical importance.

Exciting new findings substantiate the concept that the receptors for “hunger” hormone, ghrelin, on neurons in the CNS directly interact with σ_1 R. The results provide solid evidence of the anorexic effect of cocaine being mediated by ghrelin receptors, that arise as both key players in the central control of food/energy intake and sensitive to σ_1 R-mediated cocaine effects. Importantly, the ghrelin/ σ_1 R interaction creates qualitatively new, higher-order structures, with altered signaling properties. Unraveling the mechanisms applicable in this setting may ultimately translate into the new approaches relevant for numerous other areas of research (e.g. endocrinology, behavioral neuroscience), as well as for addressing the societal impact of these disorders, particularly in the youth population.

Cocaine affects ghrelin receptor traffic and function via σ_1 R

A first relevant piece of information concerning cocaine and ghrelin receptors is the fact that the drug alters the expression of GHS-R1a at the membrane level. Cocaine at a physiologically relevant dose (Navarro *et al.* 2010) is able to increase plasma membrane expression of σ_1 R. The so-called σ_1 R agonists do the same effect thus confirming a very specific effect. Remarkably both cocaine and σ_1 R agonists increase the colocalization of the two receptors at the cell surface. Accordingly, any drug interacting in an “agonistic” manner with σ_1 R is able to concomitantly affect coexpression of the two receptors at the cell surface where they keep direct-direct interactions as deduced from assays in brain sections for cocaine-treated animals and in a heterologous expression system (Aguinaga *et al.* 2018); manuscript in revision; first version included as Supplementary information).

The *in situ* proximity ligation assay (Borrito-Escuela *et al.*, 2016) allows determining the occurrence of receptor complexes in natural sources. The technique showed occurrence of σ_1 /GHS-R1a receptor heteromeric complexes in rat brain sections. 11% of cells in rat striatum displayed the fluorescent signal corresponding to heteromers. In animals chronically treated with the addictive drug the percentage of positive cells

increased to 61% and the amount of signal, measured as red clusters also increased. The acute treatment lead to a more marked increase in both percentage of labelled cells (76%) and degree of labelling (3.2-fold increase). The results are consistent with both the occurrence of σ_1 /ghrelin receptor complexes and a marked upregulation of those complexes upon acute or chronic cocaine treatment. Upregulation of σ_1 /GHS-R1a receptor heteromeric complexes was also obtained in primary cultures of primary striatal neurons treated with cocaine. This finding led to the hypothesis that cocaine binding to ghrelin receptors could affect the ghrelin-receptor mediated signaling. The hypothesis addressed both in a heterologous expression system and primary cultures of striatal neurons led to similar findings.

Consistent with the coupling of ghrelin receptor to heterotrimeric Gi proteins, its activation using the endogenous ghrelin in the presence of forskolin significantly decreases intracellular cAMP levels. Signaling via Gi was blocked by both agonists of σ_1 R and by cocaine. Signal transduction in neurons expressing GHS-R1a leads to activation of the MAP kinase pathway. This signaling, i.e. ERK phosphorylation triggered by GHS-R1a activation was not only inhibited by ghrelin receptor antagonists but by cocaine and σ_1 R agonists (Figure 2). Therefore, both G-dependent and G-independent signaling becomes compromised by cocaine binding to σ_1 R and disappear when σ_1 R is silenced by a siRNA methodology.

A further relevant question was to know whether the cocaine effects were mediated by either σ_1 containing heteroreceptor complexes or by indirect mechanisms involving second messengers or other signaling molecules. Cocaine acting as agonist of the receptor may stabilize its trimeric structure (Gromek *et al.* 2014). Taking advantage of the (trimeric) 3D-structure of σ_1 R (Schmidt *et al.* 2016) a model was proposed for the σ_1 R- GHS-R1a interaction. The model predicted that the transmembrane 1 (TM1) domain of the ghrelin receptor form participates in the interaction interface whereas TM7 does not. The issue can be addresses taking advantage of interfering peptides. They have been successfully used to disrupt the structure of interactions involving GPCRs (Navarro *et al.* 2018). The peptides consist of receptor TM sequences followed by a short sequence of the cell-penetrating HIV transactivator of transcription (TAT) that is responsible of cell membrane penetrance (Schwarze *et al.* 1999). In agreement with the model provided for σ_1 R- GHS-R1a heteromers, the TAT-TM1 but not the TAT-TM7 achieved a lack of effect of cocaine on GHS-R1a-mediated signaling while the ghrelin action was still blocked by the selective ghrelin receptor antagonist. In summary, at the mechanistic level the cocaine blockade of ghrelin action occurs at a proximal level in CNS neurons by a direct action of σ_1 R directly interacting with ghrelin receptors (Figure 2).

Conflict of interests

Authors declare no conflict of interests.

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Legend to figures

Figure 1. Endocrine actions of ghrelin in different body organs. Ghrelin is produced in the stomach (yellow) and exerts actions in different parts of the mammalian body. Examples of organs and actions are in green circles.

Figure 2. Mechanisms of ghrelin receptor-mediated cocaine-suppression of appetite. In the absence of cocaine, the peptide hormone ghrelin arrives to the CNS and activates GHS-R1a in CNS neurons to engage Gi signaling and the MAPK pathway (left). In the presence of cocaine activation of σ_1 produces conformational changes in GHS-R1a (see Aguinaga et al., 2018) that blocks any signaling originating at the ghrelin receptor (right). The chemical structure of cocaine is shown near the coca leaf.

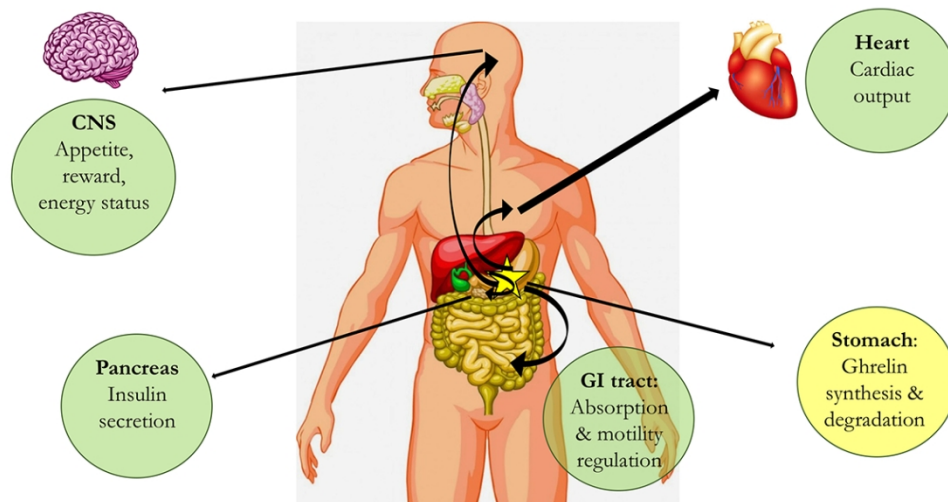


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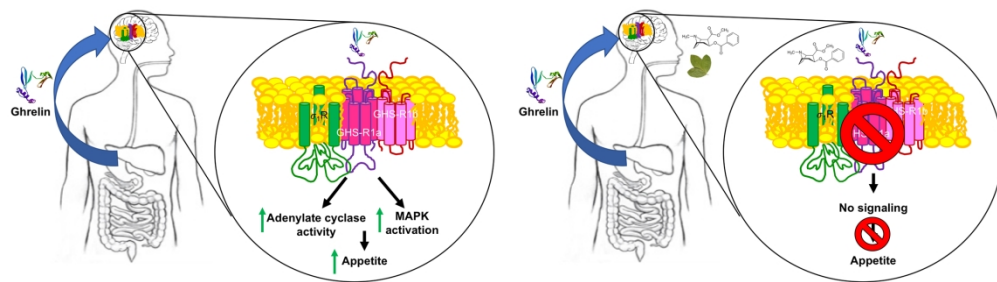


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